

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)

SERIAL NO. 097926447

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4		①					54						
5		①					55						
6		①					56						
7		①					57						
8		②					58						
9		②					59						
10		②					60						
11		②					61						
12		②					62						
13		②					63						
14		②					64						
15		②					65						
16		②					66						
17		②					67						
18	1	②					68						
19		②					69						
20		②					70						
21		②					71						
22		②					72						
23		②					73						
24		②					74						
25		②					75						
26		②					76						
27	1	②					77						
28		②					78						
29		②					79						
30		②					80						
31		②					81						
32		②					82						
33		②					83						
34		②					84						
35		②					85						
36		②					86						
37		②					87						
38		②					88						
39		②					89						
40		②					90						
41		②					91						
42		②					92						
43		②					93						
44		②					94						
45		②					95						
46		②					96						
47		②					97						
48		②					98						
49		②					99						
50		②					100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	35						TOTAL DEP.						
TOTAL CLAIMS	40						TOTAL CLAIMS						